

1st Available Copy

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
fee DETERMINATION			
D.I.P.E. CLASSIFICATION			10/21/01
FORMALITY REVIEW	JL	720	03-16-01
RESPONSE FORMALITY REVIEW	CM	925	12/24/01

INDEX OF CLAIMS

✓ Rejected N Non-deducted  
= Altered I Deducted  
— (Through numbers) Canceled A Appeal  
+ Restricted O Objected

Claim	Date
1	10/21/01
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	
33	
34	
35	
36	
37	
38	
39	
40	
41	
42	
43	
44	
45	
46	
47	
48	
49	
50	
51	
52	
53	
54	
55	
56	
57	
58	
59	
60	
61	
62	
63	
64	
65	
66	
67	
68	
69	
70	
71	
72	
73	
74	
75	
76	
77	
78	
79	
80	
81	
82	
83	
84	
85	
86	
87	
88	
89	
90	
91	
92	
93	
94	
95	
96	
97	
98	
99	
100	

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)